

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4472

1. PLACE OF DEATH

96 County St. Louis
 10 Township University City
 8 City University City (No. 6321 Pershing Ave.)

Registration District No. 1160
 Primary Registration District No. 4470
2

File No. 18
 Registered No. 18
 St. 1 Ward

2. FULL NAME John Topping Carpenter

(a) Residence, No. 6321 Pershing Ave. St. 1 Ward 1
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary C. Carpenter
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1. 1864
 7. AGE YEARS 72 MONTHS 1 DAYS 27 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1937
 22. I HEREBY CERTIFY, that I attended deceased from Dec. 1 to Jan 28, 1937
 I last saw him alive on Jan 28, 1937. Death is said to have occurred on the date stated above, at 1 P. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral embolism
1/28/37

Other contributory causes of importance:
Branches of arteries
1934.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept Mgr. 138
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ely-Walker
 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 2
 12. BIRTHPLACE (CITY OR TOWN) Polo (STATE OR COUNTRY) Ill.

13. NAME Walter Carpenter
 14. BIRTHPLACE (CITY OR TOWN) New York State (STATE OR COUNTRY) 2

15. MAIDEN NAME Sarah Topping
 16. BIRTHPLACE (CITY OR TOWN) Wisconsin (STATE OR COUNTRY) 2

17. INFORMANT Mary C. Carpenter (ADDRESS) 6321 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Detroit Mich. DATE Jan. 30, 1937

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED Jan. 30 1937 Lena V. Moeller Registrar

Name of operation Phys. Exam Date of no
 What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1937
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) R. H. Russell M. D.
 (Address) 415 Beaumont Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Ralph Kinsella

3720 Washington : Jeff. 5100